

**EXHIBIT A**

## Invoice

Page:

HomeView Design, Inc.  
 PO BOX 790 LA VERNE CA 91750  
 1775 CURTISS COURT  
 LA VERNE  
 CA 91750  
 (909) 593-2800

Invoice Number: 0048333-IN  
 Invoice Date: 8/28/2024  
 Order Number: 0020941  
 Order Date: 7/30/2024  
 Salesperson: HOU  
 Customer Number: 10B6545

Sold To:  
 CSC DISTRIBUTION, LLC  
 4900 E. DUBLIN GRANVILLE RD,  
 COLUMBUS, OH 43081-7651

Ship To:  
 MONTGOMERY DC-#0870  
 CSC DISTRIBUTION, LLC  
 2855 SELMA HWY  
 MONTGOMERY, AL 36108-5035

Confirm To: MERRIMAN, SAVANNAH

Customer P.O. 95540497  
 Ship VIA  
 WILL CALL


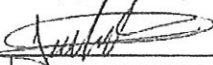

F.O.B.  
 LA VERNE CA

Terms  
 2% NET 30 DAYS

Item Code	Description	Unit	Ordered Qty	Shipped Qty	Back Ordered Qty	Unit Price	USD\$	Total Amount	USD\$
22161	CONSOLE TABLE SET/2, WOODEN BC	SET	59	59	0	38.00		2,242.00	
22230	STAND TABLE SET/2, PATCH WOOD	SET	64	64	0	24.00		1,536.00	
TOTAL 91 CASES ON 8 PALLETS/G.W. 2231 LBS/712 CUFT/123 UNITS									
SHIPMENT #828080									
LOAD #48688584									

Shipped by: C H ROBINSON ON 08/29/24  
 THANK YOU FOR YOUR ORDER  
 FINANCE CHARGE IS 1.5 % PER MONTH AFTER DUE DATE

Net Invoice: 3,778.00  
 Less Discount: 0.00  
 Freight: 0.00  
 Sales Tax: 0.00  
 Invoice Total: 3,778.00

Date: 08/26/2024 8/29/24 @ 9:00 AM					<b>BILL OF LADING</b>		Page 1
<b>SHIP FROM</b> Name: HomeView Design., Inc. Address: 1775 Curtiss Ct City/State/Zip: La Verne CA 91750 SID# 828080				Bill of Lading Number: 828080  LOAD # 486855841			
<b>SHIP TO</b> Name: Big Lots Montgomery DC -Location #: Address: #0870 2855 Selma Hwy City/State/Zip: Montgomery AL 36108 CID# 26896117				<b>CARRIER NAME:</b> CH ROBINSON LTL Trailer number: Seal number(s): 074827			
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b> Name: CH LTL Address: 14800 Charlson Road, Suite 2100 City/State/Zip: Eden Prairie, MN 55347				<b>SCAC:</b> RBCL <b>Pro number:</b> 1651192893  			
<b>SPECIAL INSTRUCTIONS:</b>  				<b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise) Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rdParty <input type="checkbox"/>			
				<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)			
<b>Customer Order Info</b>							
<b>CUSTOMER ORDER NUMBER</b>	<b>#PKGS</b>	<b>WEIGHT</b>	<b>PALLET/SLI</b>	<b>ADDITIONAL SHIPPER INFO</b>			
0095540497	8	2,231	N				
<b>GRAND TOTAL</b>							
<b>CARRIER INFORMATION</b>							
<b>HANDLING UNIT</b>		<b>PACKAGE</b>		<b>WEIGHT</b>	<b>H.M.</b>	<b>COMMODITY DESCRIPTION</b>	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to</small>	
8	Pps	8	Pps				
8		8		2231		<b>GRAND TOTAL</b>	
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.					<b>COD Amount: \$</b> Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. ? 14706(c)(1)(A) and (B).</b>							
<b>RECEIVED</b> , subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.					The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.   <b>Shipper Signature</b>		
<b>SHIPPER SIGNATURE / DATE</b>  This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.   8-29-24		<b>Trailer Loaded</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		<b>CARRIER SIGNATURE / PICKUP DATE</b>  Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.  Property described above is received in good order, except as noted.	